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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36720

Primary Registration District No. 1002

Registrar's No. 4389

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4633 Wyoming 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John B. McCreight

3. (b) If veteran, name war: None

3. (c) Social Security No. 495-05-1413

4. Sex: Male D

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Ernie McCreight

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: March (Month) 2 (Day) 1876 (Year)

8. AGE: Years 72 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace: No Record (City, town, or county) Penn. (State or foreign country)

10. Usual occupation: Grocer

11. Industry or business: Retired (Self)

MOTHER FATHER

12. Name: Beniamin McCreight

13. Birthplace: No Record (City, town, or county) No Record (State or foreign country)

14. Maiden name: Rachael McGaughey

15. Birthplace: No Record (City, town, or county) No Record (State or foreign country)

16. (a) Informant: Mrs. Ernie McCreight

(b) Address: 4633 Wyoming - K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Gates Funeral Home

(b) Address: 901 Olathe Blvd. K. C. Kans.

19. (a) 10-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 27 year 1948 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1948 to Oct. 27, 1948; that I last saw h im alive on Oct. 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion with myocardial infarction	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 6 4	
Major findings: Of operations:	
Of autopsy: See above	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) C

While at work? (e) Means of injury

23. Signature: Wm. W. Hart (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 10-28-48

(Licensed Embalmer's Statement on Reverse Side)

By Mrs. Nelson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Registered Apprentice No....., working under my personal supervision.

Signed Jimmy L. Buckelew

Licensed Embalmer No. 4092

P. O. Address Marion, Texas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.